

October 2, 2002

**PRIORITY FOR OUTPATIENT MEDICAL SERVICES
AND INPATIENT HOSPITAL CARE**

1. PURPOSE: This Veterans Health Administration (VHA) Directive outlines policies and actions required in support of Department of Veterans Affairs (VA's) commitment to providing priority care for non-emergency outpatient medical services and inpatient hospital care for any veteran with service connected (SC) disabilities rated 50 percent or greater. ***NOTE:** This Directive is revised in accordance with the terms of a settlement agreement resulting from litigation involving the Paralyzed Veterans of America (PVA) and VA on June 23, 2003. Specifically this is the addition of the fourth sentence in paragraph 3 to the original Directive.*

2. BACKGROUND: VA has over 280,000 veterans on wait lists or scheduled in excess of 6 months for non-emergent outpatient appointments. Some of these veterans are 50 percent or greater SC or require care for a SC disability. To address this problem, VA has published a regulation to establish priority access to care for all veterans SC 50 percent or greater or veterans needing care for a SC disability.

3. POLICY: It is VHA policy to provide priority access to outpatient medical care and elective inpatient hospital care for any veteran who is 50 percent or greater SC. While 50 percent or greater SC veterans may be placed on wait lists, their appointments must be scheduled within the timeframes as outlined in subparagraph 4a. As always, medical care for emergent or urgent cases takes precedence over a priority of service connection. In addition to ensuring that this priority for access to care is provided to 50 percent or greater SC veterans, every effort shall be made to provide clinically appropriate care to every enrolled veteran. ***NOTE:** Service connection, in and of itself, does not justify cancellation of a current appointment for another veteran as a mechanism for accommodating priority scheduling for the SC veteran.*

4. ACTION: Beginning on October 1, 2002, Network and medical center Directors must ensure health care facilities implement the following procedures to manage appointment scheduling:

a. All veterans service-connected 50 percent or greater who: (1) have an appointment scheduled greater than 30 days, or (2) are on a wait list for an appointment must be contacted. New patients must be notified of this policy and, if they request, must be scheduled within 30 days. Established patients, if requested upon contact by VA, must have their need for an appointment reviewed to determine what timeline is medically appropriate. A clinic visit will be scheduled or rescheduled, based on the clinicians' review. Contact may be made by telephone or through correspondence. Documentation of the contact and the veteran's appointment decision must be maintained in the veteran's medical record.

(1) Patch SD*5.3*267, released August 30, 2002, distributed the "SC Veterans Awaiting Appointments" report. The output lists all veterans who are SC 50 percent or greater first, before listing any veteran whose service connection is less than 50 percent. This report has two formats:

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(a) One provides a method for printing SC veterans entered into a local Veterans Health Information Systems and Technology Architecture (VistA) system within the past year that have not been provided an appointment.

(b) The other identifies SC veterans that have future appointment date(s) more than 30 days beyond the “desired date” defined for that appointment(s).

(2) A second patch, SD*5.3*269, currently in development, provides two enhancements to the “SC Veterans Awaiting Appointments” report and addresses an issue related to the handling of patient records with erroneous and missing “date entered” values. The enhancements include:

(a) A user selectable parameter to specify the printing of just 50-100 percent SC veterans, 0-50 percent SC veterans or both; and

(b) The ability to output the report in a delimited format for ease in transfer to a spreadsheet.

NOTE: *The delimited format includes appointment information that allows data to be organized by work area and complete address information to facilitate the merging of addresses for notification letters.*

(3) A sample letter (see Att. A) has been developed and may be used when corresponding with any veterans identified on printouts as 50 percent or greater SC.

b. All new 50 percent or greater SC veterans presenting for VA care and requesting a non-emergent outpatient appointment will be scheduled for primary care within 30 days of desired date. If an outpatient appointment cannot be scheduled within this timeframe, arrangements need to be made to have the patient seen at another VA health care facility or to obtain the services on a fee for service basis (i.e., Fee Basis) or Department of Defense (DOD) sharing agreement facility at VA expense within the 30-day timeline.

c. Follow-up appointments for established patients must be scheduled based on the clinical need of the veteran as determined by the veteran’s VA treating clinician. If an appointment cannot be scheduled within the specified timeframe, arrangements need to be made to have the patient seen at another VA health care facility or to obtain the services on a fee for service basis or via DOD sharing agreement facility at VA expense.

d. If non-VA care at VA expense is authorized, close coordination must be maintained with the veteran and the local authorized care provider to ensure coordination of the veteran’s care. Fee Basis authorization will not be considered a permanent status for any veteran and, for the purposes of this Directive, is only to be authorized until a veteran can be provided an appointment at the veteran’s preferred VA health care facility or at another VA health care facility.

e. Any veteran rated 50 percent or greater SC who needs admission for an elective procedure must receive priority admission scheduling over other elective admissions. Existing elective admissions for other patients are not to be cancelled to implement the SC priority scheduling.

NOTE: *In no case should elective scheduling of any veteran adversely impact the medical care of any patient.*

f. Information concerning all 50 percent or greater SC veterans identified for review both by the VistA Patch and through review of local wait lists must be recorded and reported to the VISN.

g. Networks Directors are responsible for providing reports from each facility, and for the network as a whole, to the Deputy Under Secretary for Health for Operations and Management by the twelfth workday of each month. **NOTE:** *The format for this monthly reporting requirement is provided in Attachment B.*

5. REFERENCES

a. Public Law 104-262.

b. Federal Register (FR) Notice published September 17, 2002, at 67 FR 58528.

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Officer (16) is responsible for the contents of this Directive. Questions may be referred to this office at (202) 273-8302.

7. EXPIRATION DATE: VHA Directive 2002-057 is rescinded. This VHA Directive expires October 31, 2007.

S/ Nevin M. Weaver for
Robert H. Roswell, M.D.
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 10/2/2002
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 10/2/2002

DISTRIBUTION: CO: E-mailed 9/12/2003
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 9/12/2003

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ATTACHMENT A

SAMPLE LETTER

NOTE: *This can be used when corresponding with any veterans identified on printouts as 50 percent or greater service connected.*

Local VA Letterhead

Dear <Title> <Veteran's Last Name>,

On (insert date), the Department of Veterans Affairs (VA) is implementing a new regulation which provides priority access to care for inpatient and non-emergent care for any veteran with a service-connected disability(ies) rated 50 percent or greater.

Who Is Immediately Affected By This Rule? Any veteran rated 50 percent or greater service connected who:

1. Needs hospital admission for an elective procedure.
2. Is a new patient and is requesting (or requires) a non-emergent appointment and one has not been scheduled within 30 days from the desired date.
3. Is an established patient with a scheduled appointment date later than the medically-determined desired appointment date.

NOTE: *Veterans who are 50 percent or greater, but do not have pending appointments will also receive priority access to care in the future.*

What Should You Do To Request An Appointment or Have A Current Appointment Considered For Rescheduling?

1. Contact (insert name) at (insert telephone number) and an appointment will be arranged for you to be seen within the next 30 days if you are a new patient. If you are an established patient, upon your request your need for an appointment will be reviewed and an appointment scheduled, rescheduled, or confirmed.

2. If an appointment cannot be scheduled at your preferred VA health care facility, we may refer you to an alternate VA health care facility. If VA cannot accommodate your initial or medically-indicated subsequent appointment, we will arrange for care to be obtained from a health care provider in your local community or a Department of Defense (DOD) Sharing agreement facility at VA expense.

a. If care is provided in a private or DOD health care facility, we will work closely with you and your local authorized care provider to ensure your health care needs are met.

b. We will schedule an appointment for you at your preferred VA health care facility as soon as one becomes available.

If You Have Questions. If you have questions, either contact us at (insert telephone number) or the Health Benefits Service Center at the toll free number, 1-877-222-VETS (1-877-222-8387). You can find additional information on eligibility and enrollment on the VA website at <http://www.va.gov/elig>

REPORT - PRIORITY SCHEDULING FOR VETERANS SERVICE-CONNECTED 50% OR GREATER

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